

Dubuque County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- 1. Poor nutrition/obesity: 27% obesity rate (County health ranking); 80% not eating adequate fruits/vegetables; 6.1% Diabetes rate (includes both Type I & Type II diabetes); 14% of deaths can be attributed to diet/activity; 12.9% Diabetes hospitalization rate (IDPH 1995-2006) (11.5% State rate).
- 2. Lack of physical activity/exercise: 19% county residents do not exercise; 29% residents have high blood pressure; 6.1% rate Diabetes.
- 3. Cancer prevention/early detection: tobacco use (smoking 16%) 44% rate (State 39.5%/100,000).
- 4. Substance abuse (binge drinking, underage EOTH use, marijuana use, prescription drugs, tobacco, alcohol); includes high risk behavior by youth using alcohol and drug use.
- 5. Mental health access.
- 6. High risk sexual behaviors including youth initiating sexual activity at younger age.
- 7. Prevention/screening for chronic disease.
- 8. Access to prenatal care in 1st trimester of pregnancy.
- 9. Need for increased education on healthy lifestyle behaviors (including regular exercise and healthy diet/nutrition habits) among young (pre-school to grade school) children.
- 10. Access to medical and dental care for all ages; access to vaccines for adults.
- 11. Respite care services for caregivers in the home setting.
- 12. Community awareness to access services for residents/families discharged from the military and veterans regardless of age.

Prevent Injuries

Problems/Needs:

- 1. Prevention of injuries due to alcohol impaired drivers of all types of vehicles (automobile, bicycle, boating, all-terrain vehicle, snowmobile, jet ski, motorcycle accidents). Baseline rate Dubuque County adult binge drinking 21% (Iowa 20%). Alcohol use Dubuque County 6th-11th students 23% (State of Iowa 19%); Dubuque County 11th grade 46% (State of Iowa 36%).
- 2. Prevention of MV accidents including those linked to alcohol/substance abuse and distracted driving (i.e., cell phone/texting while driving).
- 3. Fall prevention for all ages.
- 4. Violence prevention: includes sexual, domestic assault, and bullying. Baseline data on bullying: 51% of Dubuque County grades 6, 8, and 11 had unfavorable response on bullying questions (DBQ Co Youth Survey 2008); Dubuque County 8th grade females had 61% unfavorable response to bullying questions.
- 5. Prevention of accidents on city and county playgrounds; includes injuries resulting from organized/school sports (i.e., violent hits occurring in football).
- 6. Child abuse prevention includes identification and reporting in all settings as well as education of day care providers in recognizing/reporting abuse.
- 7. Prevention of physical assault includes all violent crimes.
- 8. Farm safety and prevention especially with minors working in the agriculture industry/community.

Protect Against Environmental Hazards

Problems/Needs:

- 1. Poor Air Quality: Dubuque County Particulate Matter days=4 days; State of Iowa=2 days (County Rankings data).
- 2. Unsewered Communities: includes improper sewage disposal threatening safety of surface and drinking water.
- 3. Improved regulations to limit subdivision size in areas where public utilities are unavailable.
- 4. Need for Environmental Health Community Education for general public.
- 5. Need for enforcement of Environmental Health Ordinances.
- 6. Need for Healthy Homes with environmental health hazards (lead, radon, pests and vermin) eliminated.
- 7. Access to safe food from producer to consumer includes safe storage of food.
- 8. Need for improvements in surface water protection.
- 9. Need to explore mass transit options and promote use of public transportation.
- 10. Promote/explore use of alternative energy including ways to reduce carbon footprint; expand/promote for sustainable community and energy efficiency.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

- 1. Need to evaluate and improve communication between all providers, facilities, and Public Health in Dubuque County. Includes need to improve timely reporting of mandatory communicable disease cases by providers to Local and State Public Health.
- 2. Need to investigate the feasibility of local Dubuque laboratory to increase availability of testing and decrease the turnaround time for test results (i.e., Norovirus testing).
- 3. Need to educate the community on benefits of immunizations and on prevention of multi-drug resistant organisms.
- 4. Need for public education on ways to decrease spread of communicable diseases especially at mass gatherings (i.e., 3 C's used during H1N1).
- 5. Need for increased education for providers on IDPH recommendations/protocols for treatment of communicable diseases (includes protocol for rabies post exposure).

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- 1. Need to actively engage community partners in Preparedness training and information which includes ensuring competency in Incident Command.
- 2. Communication and miscommunication during an event or PH emergency/misinformation that leads to rumors.
- 3. Decreased Preparedness funding each year/decreased available staff (especially school nurses).
- 4. Tri-State area (Wisconsin and Illinois): residents and transients accessing preparedness/services across State lines.
- 5. Inadequate PH personnel and volunteers to staff positions during an event.
- 6. Barriers to WI and IL in tri-state area including limited access for personnel and supplies across state lines.
- 7. Declining public perception of importance of Preparedness work (some people get tired of hearing about preparedness; i.e., H1N1).
- 8. People/staff learning new roles and responsibilities (new staff in partner organizations, new County Health Executive Director and new school nurse leader).
- 9. Potential magnitude of major events: pandemic diseases, terrorists acts, natural disasters, man-made disasters.
- 10. Non-vaccinated people (possibly non-compliant) refusing vaccination putting rest of community at risk.
- 11. Loss of experience/PH knowledge with retirement of many IDPH staff.
- 12. Need to simplify planning and communicate PH Emergency Planning to community and PH partners.
- 13. PH Risk Communication targeted to high risk populations; PH Public Information Officer able to develop clear message to target audience for desired action/response.
- 14. Need to hold regular drills and exercises that include partners/agencies (including physicians).

Strengthen the Public Health Infrastructure

Problems/Needs:

- 1. Need to expand Dubuque County Infrastructure to meet Local Public Health Standards.
- 2. Need for improved/better integral relationships between public and private providers through better communications. (Includes need for more transparency, definition of roles, improved perception of PH roles, decreased duplication, strengthen coordination of partnerships, optimization of resources, reduced barriers to access, and leadership).
- 3. Need for secure funding base for locally prioritized PH programs.
- 4. Need for improved transportation system throughout Dubuque County to enable residents to travel to health related appointments. Work with transportation partners in planning for better systems that will be used by residents.
- 5. Inadequate County Public Health offices due to lack of space, supplies, etc.
- 6. Lack of public and health care providers understanding of what PH does/needs to promote or market value of PH.
- 7. Improve working relationships with private providers and involve private providers in decision making when a PH problem needs to be addressed. Include service providers during planning.
- 8. Poor understanding by private providers on how to apply for PH reimbursement when invoicing for PH grant funds.
- 9. Duplication of efforts/lack of coordination between partners.
- 10. Some issues/programs not on priority list for community.
- 11. Health Care Reform: Unknown future of impact on PH and healthcare access.
- 12. Aging PH workforce; need for planning for future PH needs.
- 13. System of access to specialty care especially mental health services.

Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
1. By 2016 the obesity rate in Dubuque county will decrease from 28% to 24%.	a. Encourage community-wide implementation of "Let's Move" through local governments, schools, families, community-based organizations and schools.	City/County Public Health	By December 2011
	b. Offer affordable community-wide opportunities for physical fitness/exercise such as Live Healthy Dubuque, Let's Move, Reinventing the Family Meal, local government recreation programs, etc.	Dubuque County Wellness Committee	2011-2016
	c. Provide physician/health care provider information/resources for prescribing proper nutrition and physical activity interventions for their clients/patients.	Dubuque County Wellness Committee, health care organizations (i.e., hospitals, clinics, etc.), Dubuque County Health Dept, City of Dubuque Health Services Dept.	By January 2012
	d. Encourage adoption of policies by community-based organizations, institutions, businesses and local government aimed at improving fruit and vegetable consumption and physical activity for their employees, customers, and clients.	Dubuque County Health Dept, City of Dubuque Health Services Dept. working with local businesses	By January 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
<p>2. By 2016 the rate of adult binge drinking in Dubuque County will decline from 21% to 17% (County Health Ranking data); the rate of Dubuque County 11th graders who use alcohol will decline from 46% to 36% (Youth Survey 2008 data).</p>	<p>a. The Board of Health/Health Department will partner with other agencies, such as Dubuque County Safe Youth Coalition, Helping Services for Northeast Iowa, Substance Abuse Services Center, and school districts to develop and implement a County plan to reduce alcohol use.</p>	<p>Dubuque County Health Dept Ex. Director working with other partners such as Dubuque County Law Enforcement, Dubuque County Safe Youth Coalition, Helping Services for Northeast Iowa, Substance Abuse Services Center.</p>	<p>By December 2011</p>
	<p>b. PSA/media releases will be used to increase public awareness of the severity of alcohol use problem in adults and teenagers.</p>	<p>Dubuque County Health Dept Ex. Director working with other partners such as Dubuque County Law Enforcement, Dubuque County Safe Youth Coalition, Helping Services for Northeast Iowa, Substance Abuse Services Center.</p>	<p>By December 2011</p>
	<p>c. County Public Health will encourage/promote grant writing among partners to increase available funding for implementing plan.</p>	<p>Dubuque County Health Dept Ex. Director working with other</p>	<p>Through 2016</p>

		partners such as Dubuque County Law Enforcement, Dubuque County Safe Youth Coalition, Helping Services for Northeast Iowa, Substance Abuse Services Center.	
	d. County partners will work with governmental bodies to adopt ordinances and policies to reduce alcohol use when operating vehicles and reduce underage alcohol use.	Dubuque County Health Dept Ex. Director working with other partners such as Dubuque County Law Enforcement, Dubuque County Safe Youth Coalition, Helping Services for Northeast Iowa, Substance Abuse Services Center.	Through 2016

Goal	Strategies	Who is responsible?	When? (Timeline)
3. By 2016 the air quality in Dubuque County will be in compliance with the clean Air Act standards by the number of days of moderately unhealthy and unhealthy air days being reduced (from 22 and 2) and by maintaining attainment standards for PM 2.5	a. Prohibit open burning on bad air days. Minimize open burning.	Dubuque County Board of Health and Board of Supervisors	By January 2013
	b. Provide public education to increase awareness of air quality problems, solutions, and develop best management practices to distribute to the community.	Dubuque County Health Dept Ex. Director working with other partners including Air Quality Task Force.	By December 2012
	c. Publicize and educate community on current Air Quality Index with various media outlets.	Dubuque County Health Dept Ex. Director working with other partners including Air Quality Task Force.	By December 2012
	d. A Public Health representative will participate in the Air Quality Task force.	City of Dubuque Health Services Dept	Through 2016
	e. Work with sources/generators of pm 2.5 to reduce emissions.	The Air Quality Task Force	By January 2016
	f. Partner with community based organizations (i.e., Dubuque 2.0, ISU Extension) to engage the public to achieve cleaner air.	Dubuque County Health Dept Ex. Director working with other partners including Air Quality Task Force, Dubuque 2.0, and ISU Extension.	By December 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
4. Through 2016, develop and implement a plan to provide adequate wastewater treatment for unsewered and inadequately sewer communities.	a. Explore Health Department participation in Eastern Iowa Regional Utilities Service Systems (EIRUSS) through ECIA.	Dubuque County Health Dept Ex. Director working with other partners including Iowa DNR and ECIA.	By January 2012
	b. Prioritize list of unsewered communities within Dubuque County.	Dubuque County Health Dept Ex. Director working with other partners including Iowa DNR.	By January 2012
	c. Develop timeline for plan implementation of top priority communities.	Dubuque County Health Dept Ex. Director working with other partners including Iowa DNR.	By September 2011
	d. Enforce State code for non-compliant systems.	Dubuque County Board of Health working with BOS and DNR	Through 2016
	e. Research/secure funding to implement plan.	Dubuque County Health Dept Ex. Director working with other partners including Iowa DNR and ECIA.	Through 2016

Goal	Strategies	Who is responsible?	When? (Timeline)
5. Through 2016 Dubuque County providers will report communicable disease cases as required by Iowa Code to Local Public Health and Iowa Department of Public Health (IDPH).	a. County PH will annually review and update the County Communicable Disease CQI Plan.	Dubuque County HD Ex Director, VNA Communicable Disease nurse, County Preparedness Committee	By June 2011 and annually through 2016
	b. Distribute IDPH/CADE Communicable Disease reporting poster to all community partners responsible for mandatory reporting.	Dubuque County HD Ex Director, VNA Communicable Disease nurse	By June 2011
	c. Annually update County Preparedness Plan so provider contact information is correct and current.	Dubuque County HD Ex Director, VNA Communicable Disease nurse, County Preparedness Committee	By June 2011 and annually through 2016.
	d. Identify instances/cases when gaps in mandatory reporting affected disease control; work with the specific provider to provide education for future timely reporting.	VNA Communicable Disease nurses	Through 2016.
	e. Offer education on communicable disease reporting according to Iowa Code to providers (hospital emergency department staff, medical staff, clinic nurses, long-term care staff).	Dubuque County HD Ex Director, VNA Communicable Disease nurse	By June 2012

Goal	Strategies	Who is responsible?	When? (Timeline)
6. Through 2016 Dubuque County Preparedness partners will participate in required drills and be familiar with their agency's role in County plan; local PH staff will meet Incident Command competencies and use Incident Command in drills/actual events.	a. Dubuque County Board of Health will empower local PH staff and the County Preparedness Committee which meets quarterly to implement strategies for the goal.	Dubuque County HD Ex Director	By March 1, 2011
	b. Preparedness Stakeholders Committee will report to the Dubuque County Preparedness Committee on CHNA-HIP the Preparedness Goal and Plan so committee understands role in implementing strategies.	Dubuque County HD Ex Director, CHNA-HIP Steering Committee chair, County EMA director	By April 1, 2011
	c. HD Ex Director will review County NIMS matrix to identify NIMS training needs for PH staff covering key positions.	Dubuque County HD Ex Director	By August 2011
	d. PH will work with County EMA Director to evaluate preparedness education needs, develop an annual education plan, and schedule training sessions.	County Preparedness Committee and PH leaders	By August 2011
	e. PH and County EMA will schedule Preparedness drills to exercise key parts of County plan such as drilling preparedness to special needs populations, Universal Volunteer Operations Center (UVOC), functioning of EOC and IC structure, interfacing with partners such as hospitals, clinics, schools and the general population.	County Preparedness Committee and PH leaders	Annually through 2016
	f. Preparedness Committee will work with member organizations to assist with linking their organization's Preparedness Plan to County PH Plan. Encourage partners to incorporate Incident Command structure into their agency plan	County Preparedness Committee members and PH leaders	Annually through 2016
	g. Encourage new partners/organizations to start attending quarterly Preparedness meetings.	PH leaderships and County organizations, agencies, businesses.	Annually through 2016

	h. Annual review of County Preparedness MOU's with local partners and agencies that will assist with implementing the County Plan during an event.	County HD Ex Director	Annually through 2016
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